U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

and CORRESPONDENCE ADDRESS INDICATION FORM Filing Date First Named Inventor WESTFECHTEL, Alfred Title Art Unit Examiner Name Attorney Docket Number C 2792 PCT/US					
CORRESPONDENCE ADDRESS Title Art Unit Examiner Name					
INDICATION FORM Examiner Name					
INDICATION FORM Examiner Name					
INDICATION FORM Examiner Name					
0.0700 DOT#10					
Attorney Docket Number C 2/92 PC1/US					
I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:					
X Practitioners associated with the Customer Number: 23657					
Practitioner(s) named below:					
Name Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and					
Patent and Trademark Office connected therewith.					
Please recognize or change the correspondence address for the above-identified application to: X The address associated with the above-mentioned Customer Number:					
OR 23657					
The address associated with Customer Number:					
OR					
Firm or Individual Name					
Address					
City State Zip					
Country					
Telephone Fax					
I am the:					
I am the: X Applicant/Inventor					
Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
X Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record					
X Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record					
X Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date 8/15/09					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Alfred Westfechtel Telephone					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

POWER OF ATTORNEY	Application Number				
and	Filing Date				
	First Named Inventor		BEHLER, A	BEHLER, Ansgar	
CORRESPONDENCE ADDRESS	Title				
	Art Unit				
INDICATION FORM	Examiner Name				
	Attorney Docket	Number	C 2792 PC	T/US	
I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:					
X Practitioners associated with the Custom	ner Number:			•	
OR OR		2365	57		
Practitioner(s) named below:	_				
Name		Reg	istration Number		
as my/our attorney(s) or agent(s) to prosecute the applica	tion identified above, ar	nd to transact all be	usiness in the United St	tates Patent and	
Patent and Trademark Office connected therewith.					
Please recognize or change the correspondence address for the above-identified application to:					
X The address associated with the above-mentioned Customer Number:					
OR The address associated with Custome	Number: 23657				
OR					
Firm or Individual Name		· · · · · ·			
Address					
City		State		Zip	
Country					
Telephone		Fax			
I am the:		'	<u> </u>	<u>"" </u>	
X Applicant/Inventor					
Assignee of record of the entire interest. See 37	7 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (I				***	
	E of Applicant or A	ssignee of Rec			
Signature	13/1/	J	Date	8115105	
Name Ansgar Behler			Telephone		
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if					
more than one signature is required, see below*. *Total of forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.